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PTO/SB/05 (4/98)

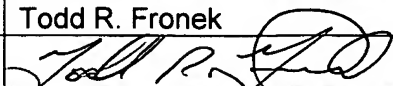
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. S13.12-0136	
		First Inventor or Application Identifier Jan Weber et al.	
		Title MEDICAL DEVICE WITH MARKERS FOR MAGNETIC RESONANCE VISIBILITY	
		Express Mail Label No. EV178022704US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant Claims small entity status 3. <input checked="" type="checkbox"/> Specification [Total Sheets 21] (preferred arrangement set forth below) - Descriptive title of the Invention) - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 6] 5. Oath or Declaration [Total Sheets 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). 6 <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO – 1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other:			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation –in part (CIP) of prior application No: ____ / ____ Prior application information: Examiner ____ Group/Art Unit: ____ FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
17. CORRESPONDENCE			
<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>			
Name Todd R. Fronek WESTMAN CHAMPLIN & KELLY			
Address Suite 1600 – International Centre 900 South Second Avenue			
City Minneapolis	State MN	Zip Code 55402-3319	
Country USA	Telephone (612) 334-3222	Fax (612) 334-3312	

15757 U.S. PTO
10/670433
09/24/03

Name (Print/type) Todd R. Fronek	Registration No. (Attorney/Agent) 48,516
Signature 	Date 9/24/03

FEE TRANSMITTAL		Complete if Known																																																																																																																																									
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Subtotal (2) \$ 318		Subtotal (3) \$40																																																																																																																																									

Signature

(Todd R. Fronk)

Reg. No. 48,516

Date 9/24/03

Deposit Account No. 23-1123

**FEE TRANSMITTAL**

Complete if Known

Application No.	
Filing Date	HEREWITH
First Named Inventor	Jan Weber et al.
Title	MEDICAL DEVICE WITH MARKERS FOR MAGNETIC RESONANCE VISIBILITY
Group Art Unit	
Examiner Name	
Atty. Docket Number	S13.12-0136

Total Amount of Payment \$ 1108

METHOD OF PAYMENT (Check One)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123.
Westman, Champlin & Kelly, P.A.

2. ☒ Check Enclosed

FEE CALCULATION**1. BASIC FILING FEE**

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1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee

Subtotal (1) \$ 750

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	33	20	13	18	234
Indep.	4	3	1	84	84

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity		Small Entity		Description
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1202	18	2202	9	Claims in excess of 20
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Subtotal (2) \$ 318

3. ADDITIONAL FEES

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8021 40	8021 40	Recording each patent assignment per property (times number of properties)	40

Other Fee (specify) _____

Subtotal (3) \$40

Signature Todd R. FronekReg. No. 48,516Date 9/24/03Deposit Account No. 23-1123